



CITY OF ST. MARYS

Main Street/ Downtown Strategic Vision Steering Committee Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Contact Phone Numbers: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please check which position on the Steering Committee applies to you. Please check only one.

\_\_\_\_\_ Business Owner                      Please list name of business \_\_\_\_\_

\_\_\_\_\_ Resident

Describe your current qualifications for the position including education, skills, abilities,  
and work experience:

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Describe why you are interested in serving on this board?:

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Describe any prior or current business and/or personal relationships which might present a  
conflict of interest in potential representation of the City on this board:

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Signature: \_\_\_\_\_

\* Please submit application to: City Clerk's Office, 418 Osborne Street, St. Marys, Georgia 31558